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PTO IDENTIFI	
Inventor: E	hud Cohen
MESSAGE TO	Examiner Mark Bockelman
FAX NUMBER	ii (571) 273-8300
FROM: 1)	ARBY & DARBY P.C.
S.	Peter Ludwig
PHONE: (2	32) 527-7770
Attorney Dkt.	#: 06727/100J782-US5
PAGES Broke	ding Cover Sheet): 2
	Authorization to Act in a Representative Capacity Certificate of Transmission (1 page)
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Based on USP1O Screpte Form (09-04)

AUTHORIZATION TO ACT IN	A REPRESENTATIVE CAPACITY
In re Application of Ehud Cohen, et al.	
Application No. 10/722,589; Conf. # 5681	
Filed: November 25, 2003	
Title: TREATMENT OF DISORDERS	BY UNIDIRECTIONAL NERVE STIMULATION
Attorney Docket No. 06727/100J782-US5	Art Unit: 3766; Examiner M. Bockelman
concerned. Furthermore, the practitioner is authoriz application pursuant to 37 CFR 1.34:	uct interviews and has the authority to bind the principal cod to file correspondence in the above-identified
Namo	Registration Number
Sandford T. Colb	26,856
This is not a Power of Atterney to the above-named produces not have authority to sign a request to change the crabbandonnient, a disclaimer, a power of alterney, or other classignese of the entire interest or an alterney of record. If a named practitioner should be executed and filed in the Universe.	Orrespondence address, a request for an express document requiring the signature of the applicant, appropriate, a separate Power of Attorney to the above-
SIGNATURE of Pr	actitioner of Record
Name S. Poter Ludwig	Date June 4, 2007 Registration No., if applicable 25,351
Telephone (212) 527-7770	- 100 - 100